

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W.	7534	09-2-99
O.I.P.E. CLASSIFIER			5 98-99
FORMALITY REVIEW		64477	9-15-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	2/15/99
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50	2/15/99

Claim	Date
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Claim	Date
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